PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | 10587539 | | | |
|--|---|---|---------------|---------|--------|--------------------|---|------------------------|------------|---------------------|------------------------|
| | | CLAIMS A | S FILED - F | PARTI | | | · | | | | |
| (Column 1) (Column 2) | | | | | | | SMALL ENTITY OR LARGE ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | BASIC FEE | - | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | • | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | • | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 33 minus 20 = | | 13 | | X \$ 25 = | | OR | X \$ 50 = | 650 |
| INDEPENDENT CLAIMS | | | 5 mir | nus 3 = | 2 | | X \$ 100 = | • | OR | X \$ 200 = | 400 |
| MUL | TIPLE DEPEN | DENT CLAIM PRE | SENT | | | Γ. | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 1450 | |
| · , | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | • | | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | · , | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ULTIPLE DEPE | NDENT (| CLAIM | | + \$ 180 = | | OR | + \$ 360 = | | |
| | | | | 1, | , | | TOTAL ADDIT. FEE | | .OR | TOTAL ADDIT. FEE | |
| | , | (Column 1) | | (Colu | mn 2) | (Column 3) | | ٠. | | · · | t |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | BER | PRESENT - EXTRA | RATE | ADDI- TIONAL FEE | : | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus 🛶 | ** | | = | X \$ 25 = | · | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF MI | ULTIPLE DEPE | NDENT C | , LAIM | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | - | i | | TOTAL ADDIT | | 1 | TOTAL ADDIT. | |

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.